

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

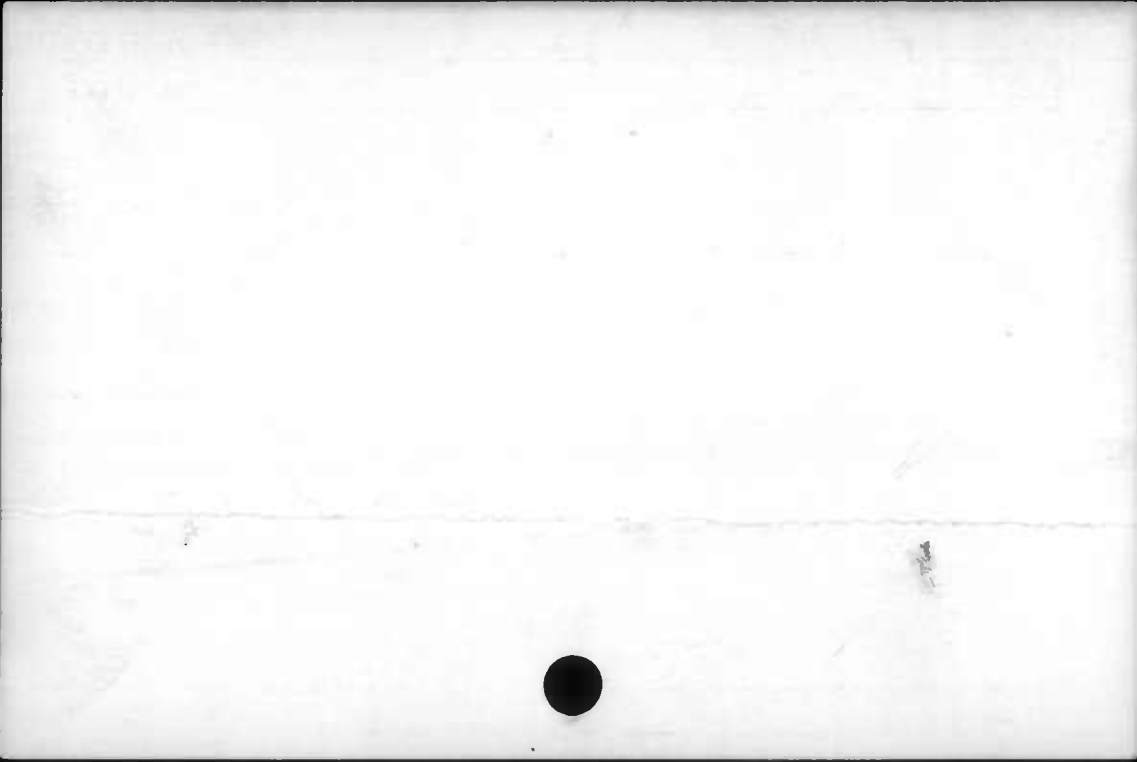
Died at		Town <i>Calvert</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1909	Month <i>Jan.</i>	Day <i>31</i>	Age <i>68</i>	Years	Months <i>5</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Bucks, Co. Pa.</i>				
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Ct. Calvert</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anna Garrison</i>						
Father's Name <i>John B. Garrison</i>	Father's Birthplace <i>Bucks Co. Pa.</i>						
Mother's Maiden Name <i>Abigail Vanartsdaken</i>	Mother's Birthplace <i>Bucks Co. Pa.</i>						
Name of person giving Information <i>Ella Halls</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 or 5 minutes</i>
Immediate <i>oo</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Richardson</i>
	Address <i>Living - Anna W. H.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Catherine Ayers</i>		Town <i>Harwood</i>		County <i>Wic</i>		MAYLAND	
Died at <i>Harwood</i>		Month <i>1</i>		Day <i>23</i>		Years <i>63</i>	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>23</i>		Age <i>63</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Del</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Charles Ayers</i>					
Father's Name <i>Andrew Donoho</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Rachel Watson</i>		Mother's Birthplace <i>Del</i>					
Name of person giving Information <i>Iida Staats</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>2 weeks</i>
Immediate <i>Angina Pectoris</i>	How long <i>36 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. J. Conner MD</i>
	Address <i>Cherry Hill MD</i>
Accident or Suicide <i>—</i>	

224

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Irene Brown *Interment Cedar Hill*

Town *Pleasant Hill* County *Cecil* MARYLAND

Died at *Pleasant Hill*

Date of death 190 *9* Jan. *6* Age *4* Months *two* Days *two*

Sex *Female* Color or Race *Black* Birthplace *Providence Md*

Occupation *None* Where Residing if not at place of death *At Pleasant Hill*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *James T. Brown* Father's Birthplace *Lombard Md*

Mother's Maiden Name *Margaret Morgan* Mother's Birthplace *Penna.*

Name of person giving Information *James Brown* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright's Disease of Kidney* How long *One Year.*

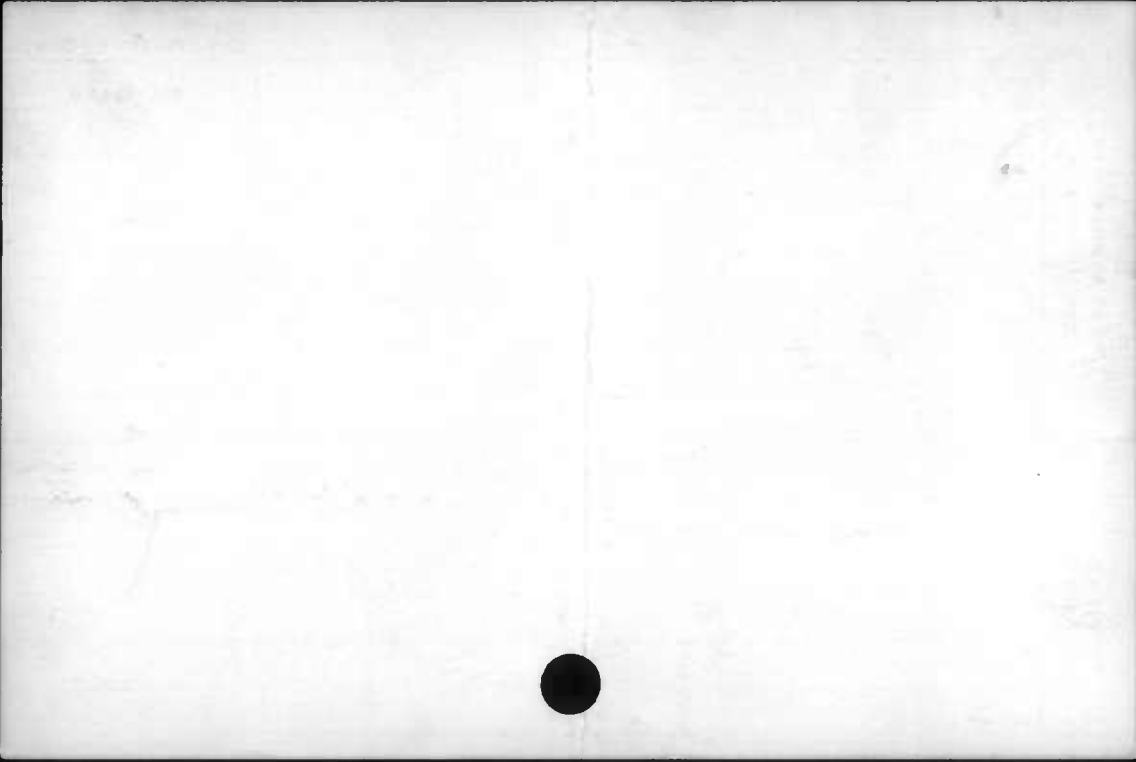
Immediate *Catarrhal Pneumonia* How long *One Week*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Chas F. Muller*

Address *North East, Ind.*

Accident or Suicida



Name
in
Full

Helen Marion Burr

CERTIFICATE OF DEATH

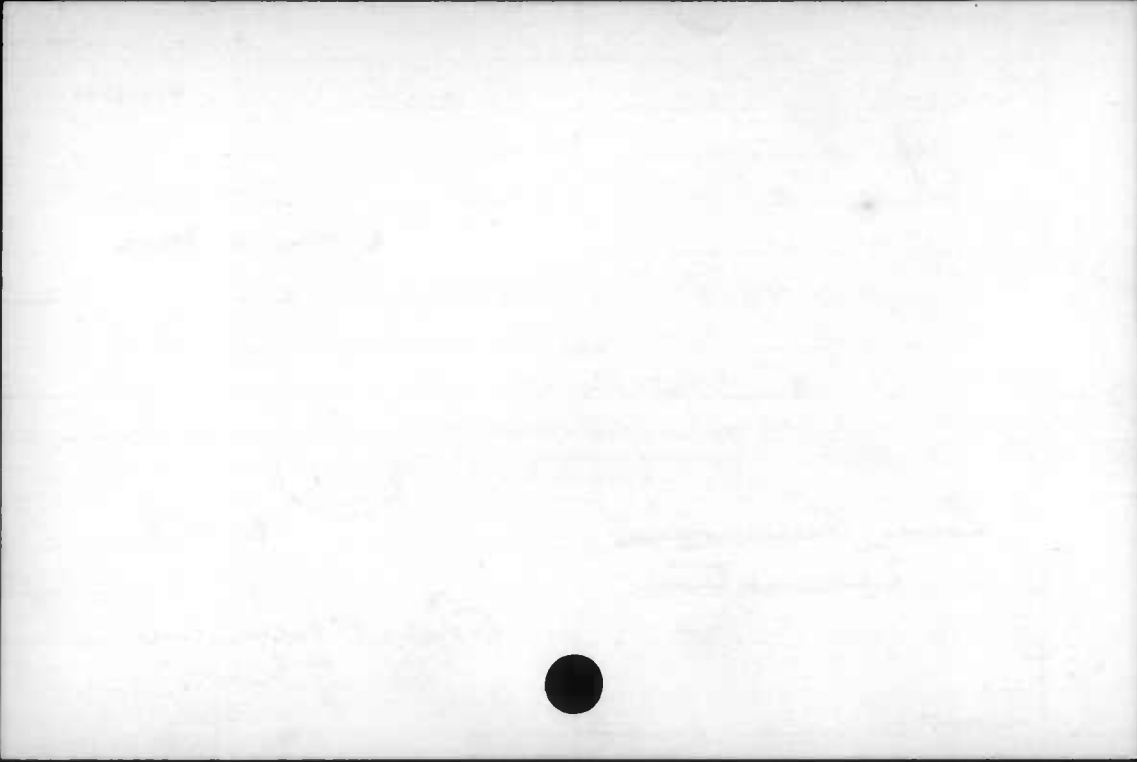
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Elkton ^{County} Cecil MARYLANDDate of death 1909 ^{Month} 1 ^{Day} 15 ^{Age} 48 ^{Years} ^{Months} ^{Days}Sex female ^{Color or} white ^{Birth-} place WisconsinOccupation ^{Where Residing if not} at place of deathMarried, Single or Widowed married ^{Name of Wife or} Husband Buchanan BurrFather's Name Tyler Porter Shaw ^{Father's} Birthplace Mass.Mother's Maiden Name Millicent Turner ^{Mother's} Birthplace MassName of person giving Information Helen S. Burr ^{How related} to deceased Daughter

CAUSES OF DEATH

54

PHYSICIAN
OR CORONERPrimary Anemia ^{How long} Several yearsImmediate Heart failure ^{How long} ImmediateAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of} Physician H. Arthur Mitchell M.D.^{Address} Elkton Md.

Cause of Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lottie Calvert

Town

County

Died at

near Colora

Cecil

MARYLAND

Date

of death 1909

Month

1

Day

1

Years

Age

23

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Woodlawn Md

Occupation

Housewife

Where Residing if not
at place of death

Colora Md

Married, Single
or Widowed

married

Name of Wife or
Husband

Emory Calvert

Father's
Name

O. S. Jackson

Father's
Birthplace

Cecil Co

Mother's
Maiden Name

Lizzie Baird

Mother's
Birthplace

" "

Name of person giving
Information

O. S. Jackson

How related
to deceased

Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Lobar Pneumonia

How long

6 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

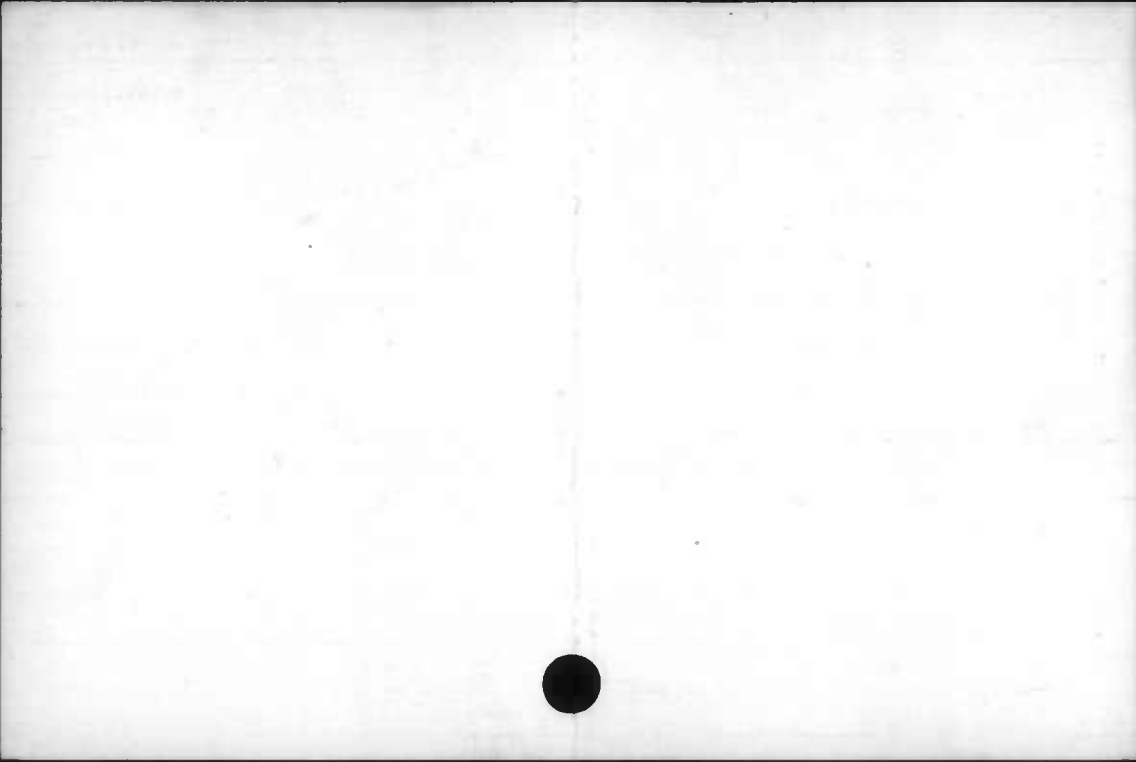
Signature of
Physician

Ernest Rowland

Address

Liberty Grove
Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Carmish</i>		Town <i>Cathery</i>		County <i>Bellet</i>		MARYLAND	
Died at <i>Cathery</i>		Month <i>Jan</i>		Day <i>4</i>		Years <i>63</i>	
Date of death <i>1909</i>		Month <i>Jan</i>		Day <i>4</i>		Age <i>63</i>	
Sex <i>Male</i>		Color or Race <i>Caucas</i>		Birth-place <i>Part-Deposit</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Samuel Carmish</i>		Father's Birthplace <i>Part-Deposit</i>					
Mother's Maiden Name <i>Safa Carmish</i>		Mother's Birthplace <i>Cathery</i>					
Name of person giving information <i>William Carmish</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary <i>Ulceration of stomach and</i>		How long <i>6 weeks</i>	
Immediate <i>Fracture</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. Brown</i>	
		Address <i>Highdale, Ind.</i>	
Accident or Suicide?			

Jonat Jairo

Name
in
Full

William Nathaniel Congo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pleasant Hill		County Cecil		MARYLAND	
Date of death	1909	Month	Jan	Day	25	Age	—
Sex		Male		Color or Race		Colored	
Occupation		—		Birth-place		Maryland	
Married, Single or Widowed				Where Residing if not at place of death			
Name of Wife or Husband				—			
Father's Name				Harry Congo			
Mother's Maiden Name				Florence Brown			
Name of person giving information				Harry Congo			
Father's Birthplace				Delaware			
Mother's Birthplace				Maryland			
How related to deceased				Father			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	One week
Immediate	Adrenodinitis	How long	Three
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. H. H. H.	
Address		—	
Accident or Suicide?		No	

225-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George W Denny*
Town *Green Elkton* County *Cecil*
Died at

MARYLAND

Date of death *1909* Month *1* Day *17* Age *73* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Del*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *widower* Name of Wife or Husband

Father's Name *James Denny* Father's Birthplace *Del*

Mother's Maiden Name *Mary Marshall* Mother's Birthplace *Ind*

Name of person giving Information *Charles Denny* How related to deceased *Son*

CAUSES OF DEATH

120

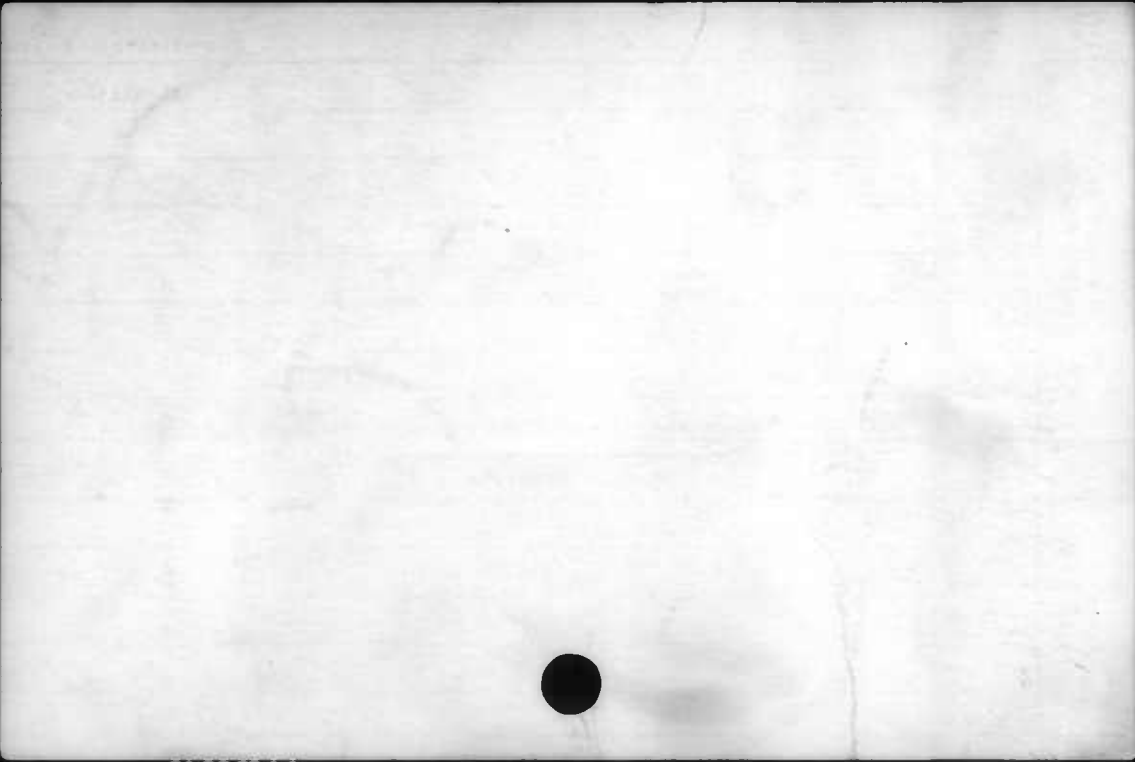
PHYSICIAN
OR CORONER

Primary *Bright's disease* How long *2 yrs.*
Immediate *Exhaustion* How long

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Wm D Gawley*
Address *Elkton Md.*

Accident or Suicide



Name
in
Full

Martha Finley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death	1909	Month	January	Day	29
Age	80	Years		Months	9
				Days	3
Sex	Female	Color or Race	White	Birth-place	Chillicothe Ohio
Occupation	Author		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	James B. Finley, M. D.		Father's Birthplace		
			Cumberland Co Penna		
Mother's Maiden Name	Mary Emma Brown		Mother's Birthplace		
			New York State		
Name of person giving Information	Charles B. Finley Senior		How related to deceased		
			Half brother		

CAUSES OF DEATH

Primary

Sudden change in heart and arteries

Immediate

Pneumo-pneumonia

How long

How long

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

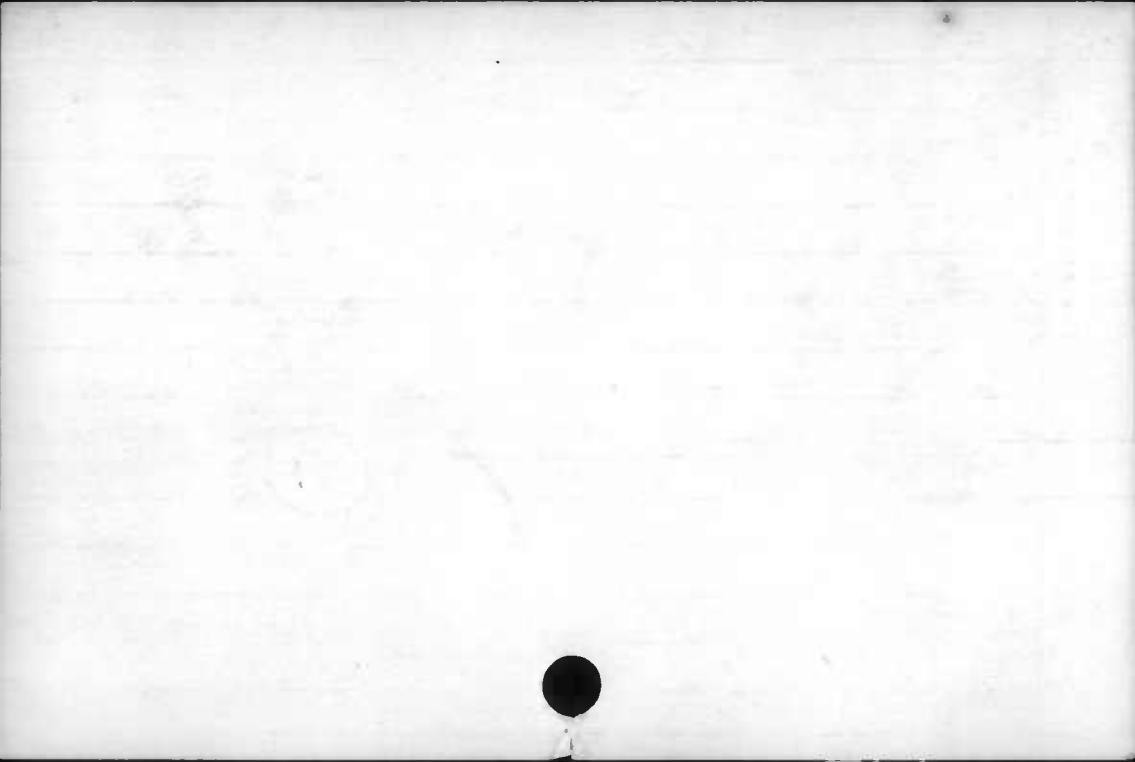
Address

Charles M. Stis

Elkton, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

George T. Ford

CERTIFICATE OF DEATH

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NEAREST FRIEND

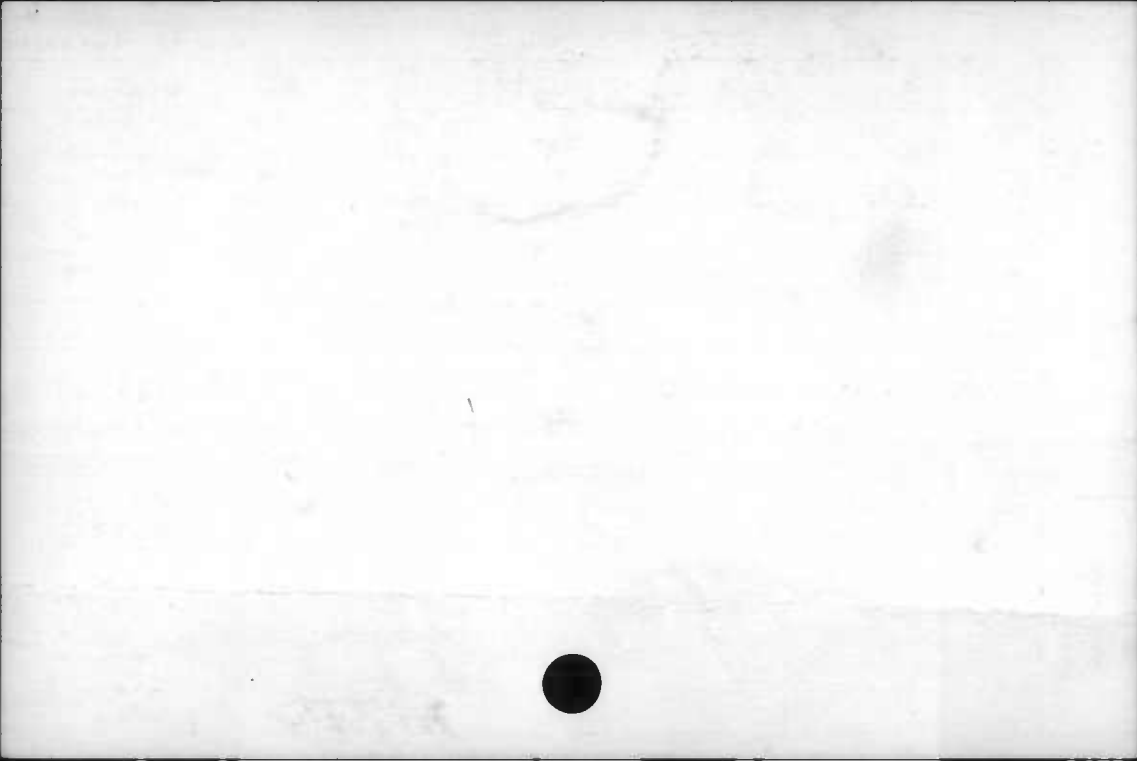
Died at		Town North East		County Becil		MARYLAND	
Date of death		Month Jan	Day 18	Age 78 th	Months 11	Days 11	
Sex Male		Color or Race white		Birth- place Baltimore			
Occupation Farmer				Where Residing if not at place of death			
Married Widowed		Name of Wife or Husband Susan Hall (deceased)					
Father's Name Geo. W. Ford				Father's Birthplace Becil Co			
Mother's Maiden Name Dorsey				Mother's Birthplace Kent Co			
Name of person giving Information Lehua H. Ford				How related to deceased Nephew			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Asphyxiation	How long	6 Months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. E. Ford	
Accident or Suicide			



Name
in
Full

Earl M Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} North East ^{County} Cecil **MARYLAND**Date of death 190 9 ^{Month} January ^{Day} 2 ^{Age} — ^{Years} — ^{Months} 3 ^{Days} —

Sex male Color or Race white Birth-place North East

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Thomas E Johnson Father's Birthplace Elkton

Mother's Maiden Name Agnes B Pierson Mother's Birthplace Elk Neck

Name of person giving Information Agnes B Johnson How related to deceased mother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

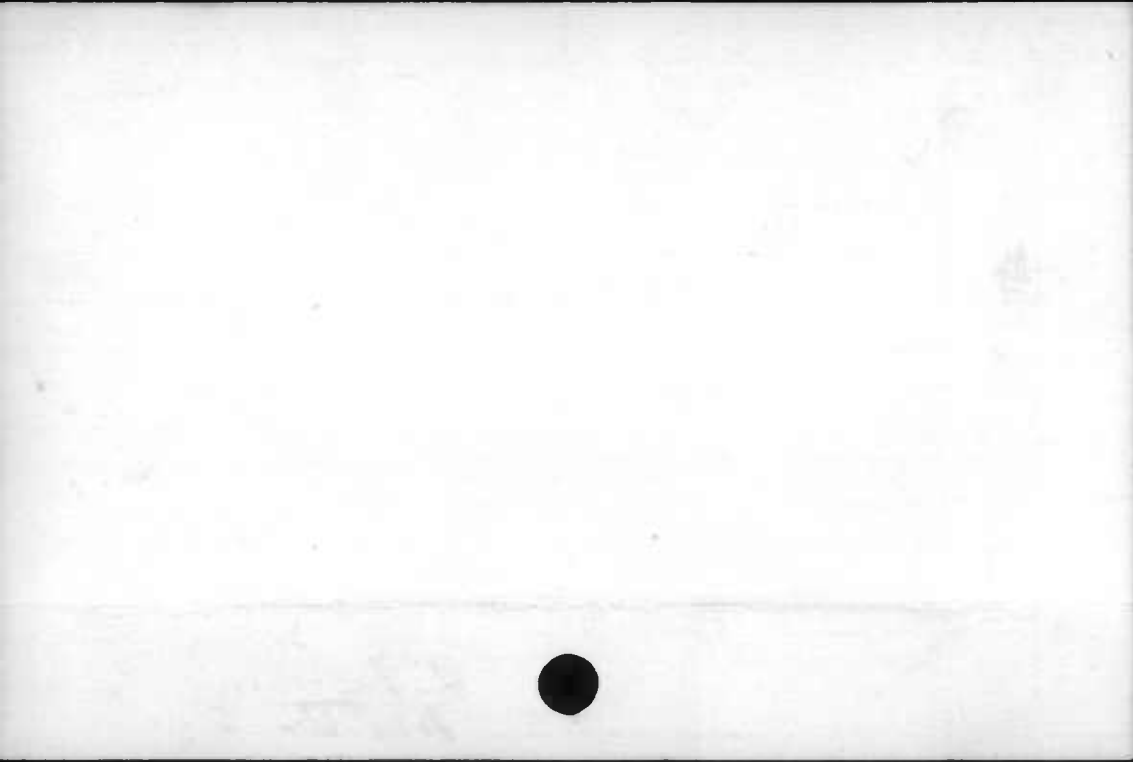
Primary Pneumonia How long 2 weeks

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address I J Hamrick North East

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

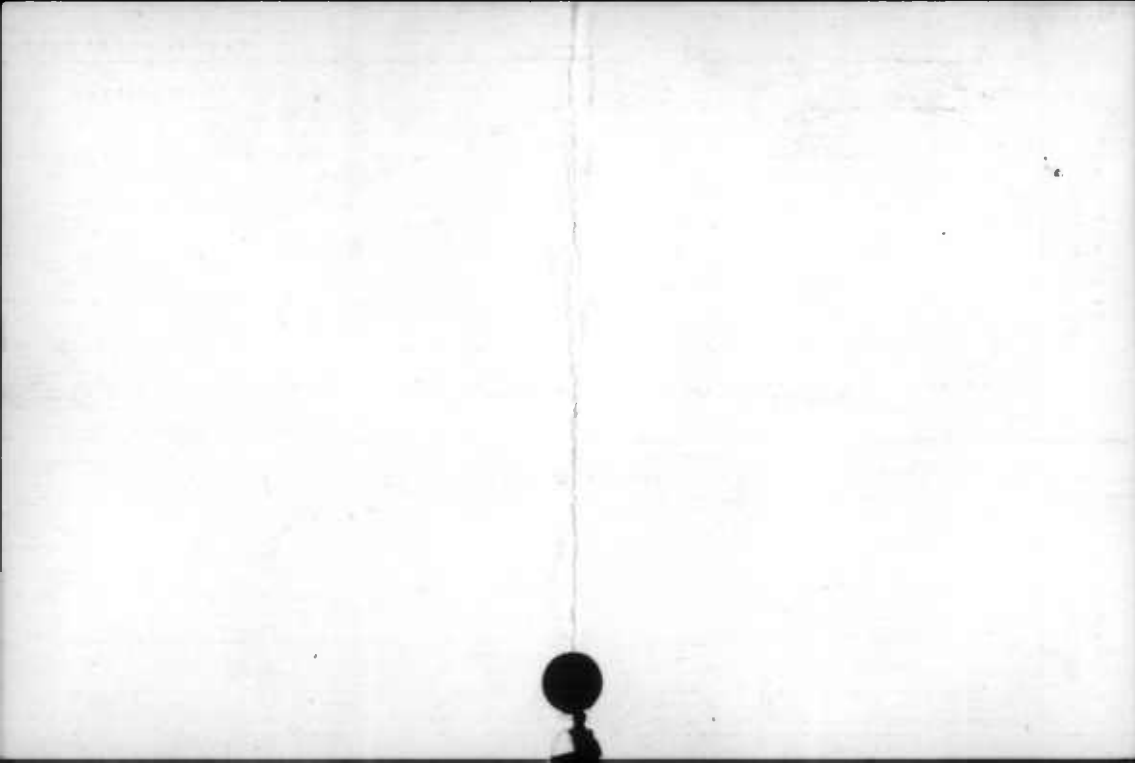
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Port Deposit		County Cecil		MARYLAND	
Date of death		Month Jan		Day 5th		Years 83	
Sex Male		Color or Race White		Birth- place York County		Months 9	
Occupation Farmer		Where Residing if not at place of death Port Deposit		Days 5			
Married, Single or Widowed Married		Name of Wife or Husband Mary J. Lome		Father's Name Unknown		Father's Birthplace Unknown	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown		How related to deceased Son			
Name of person giving Information C. C. Lome							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	Five days
Immediate	Respiratory Failure	How long	3 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. J. J. J. J. J.
		Address	Liberty Grove Md
Accident or Suicida			



Name
in
Full

Edith B Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

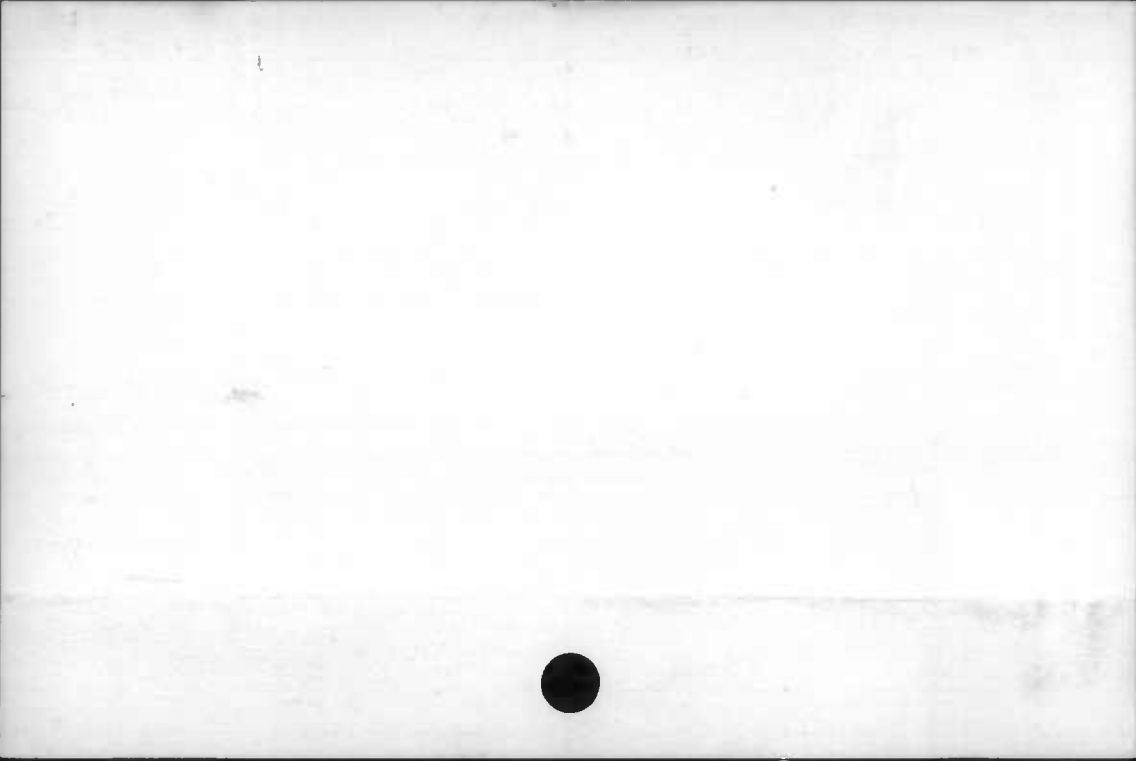
Died at		Town		County		MARYLAND	
North East		Bessie					
Date of death	1909	Month	9	Day	9	Age	16
Sex		Color or Race		Birth-place		Months	
Female		white		North East		8	
Occupation		Where Residing if not at place of death					
Housework							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
F. G. Parsons		Ohio					
Mother's Maiden Name		Mother's Birthplace					
C. F. Dyke		Borden					
Name of person giving Information		How related to deceased					
F. G. Parsons		Father					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Six months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		L. F. Hammick	
		Address	
		North East	
Accident or Suicide			



Name
in
Full

Irene Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

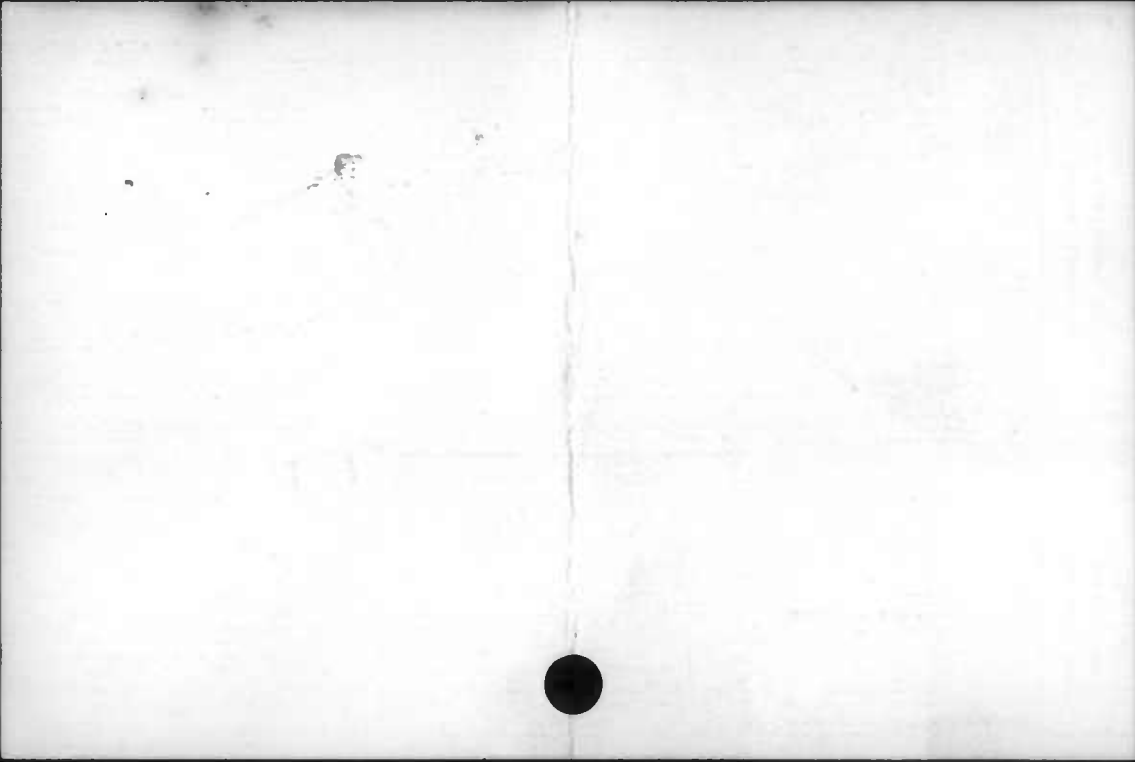
Died at <i>Port-Depont</i>		Town <i>Port-Depont</i>		County <i>Seecil</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Jan</i>		Day <i>21</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Port-Depont Md</i>		Months <i>—</i> Days <i>9</i>	
Occupation <i>None (Infant)</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Charles Peters</i>		Father's Birthplace <i>Seecil Co Md</i>					
Mother's Maiden Name <i>Virginia Robinson</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Charles Peters</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>1 Week</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. G. Fisher</i>
	Address <i>1114 DeForest, Wash</i>
Accident or Suicide <i>—</i>	



Name
in
Full

Ellen Porter

CERTIFICATE OF DEATH

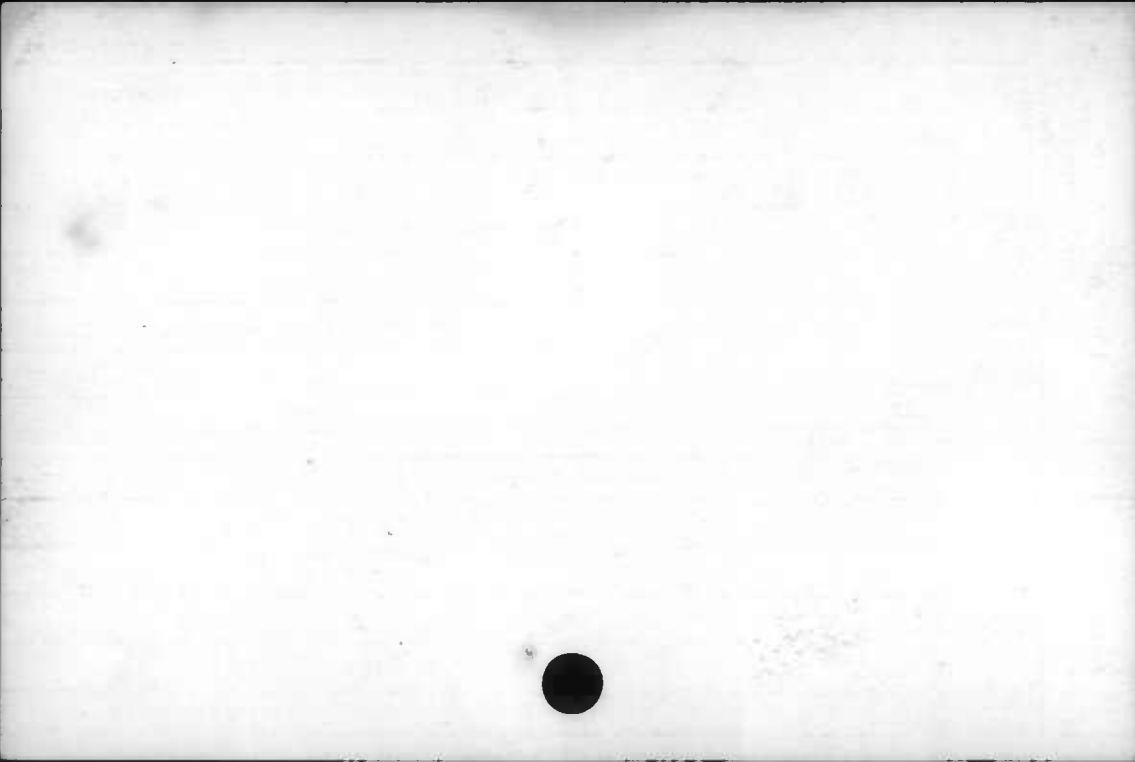
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Perryville		County Cecil		MARYLAND	
Date of death	1909	Month 1	Day 1	Age 81	Years	Months	Days 8
Sex	Female		Color or Race	White		Birth- place	Delaware
Occupation	Housekeeping			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Gacharia Porter			
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	"			Mother's Birthplace	"		
Name of person giving Information	Mary Jones			How related to deceased	Granddaughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	79	Year
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Perryville MD		
Accident or Suicida				



Name
in
Full

Eliza Pugh

CERTIFICATE OF DEATH

Town

County

Died at *Alms House**Cecil*

MARYLAND

Date

Month

Day

Years

Months

Days

of death

*1909**Jan**14*

Age

76

Sex

*Female*Color or
Race*White*Birth-
place*Don't know*

Occupation

*Housekeeper*Where Residing if not
at place of death*_____*Married, Single
or Widowed*Single*Name of Wife or
Husband*_____*Father's
Name*Not known*Father's
Birthplace*Not known*Mother's
Maiden Name*" "*Mother's
Birthplace*" "*Name of person giving
Information*J. W. Mahoney*How related
to deceased*Not related*

CAUSES OF DEATH

154

Primary

Senile Dementia

How long

Several years.

Immediate

Exhaustion

How long

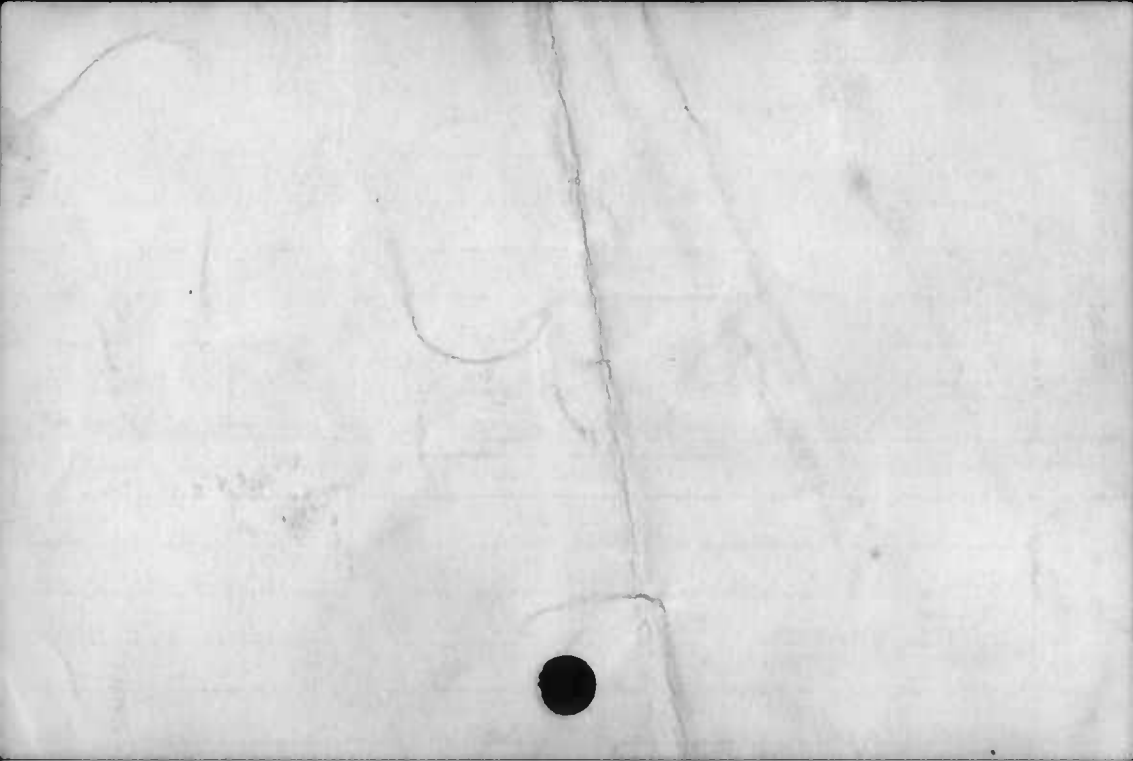
*Two weeks*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Winifred T. Morrison*

Address

Elkton, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

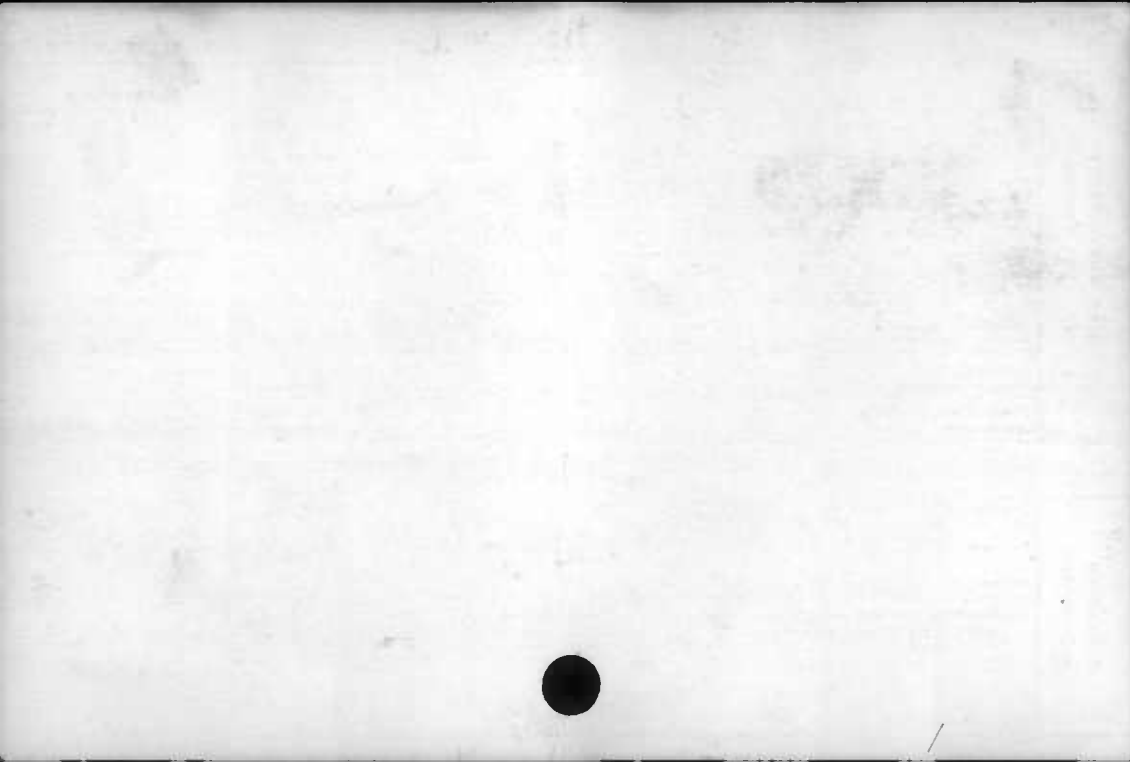
Died at <i>Rowlandville</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>3</i>	Age <i>3</i>	Months <i>4</i>	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Rowlandville Md</i>		
Occupation <i>None child</i>			Where Residing if not at place of death <i>x</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Eugene Rice</i>			Father's Birthplace <i>Cecil Co Md</i>		
Mother's Maiden Name <i>Virgin Mary Bannon</i>			Mother's Birthplace <i>Washington DC</i>		
Name of person giving Information <i>Eugene Rice</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. [illegible]</i>
	Address <i>Liberty, Ga</i>
Accident or Suicide	



Name
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CERTIFICATE OF DEATH

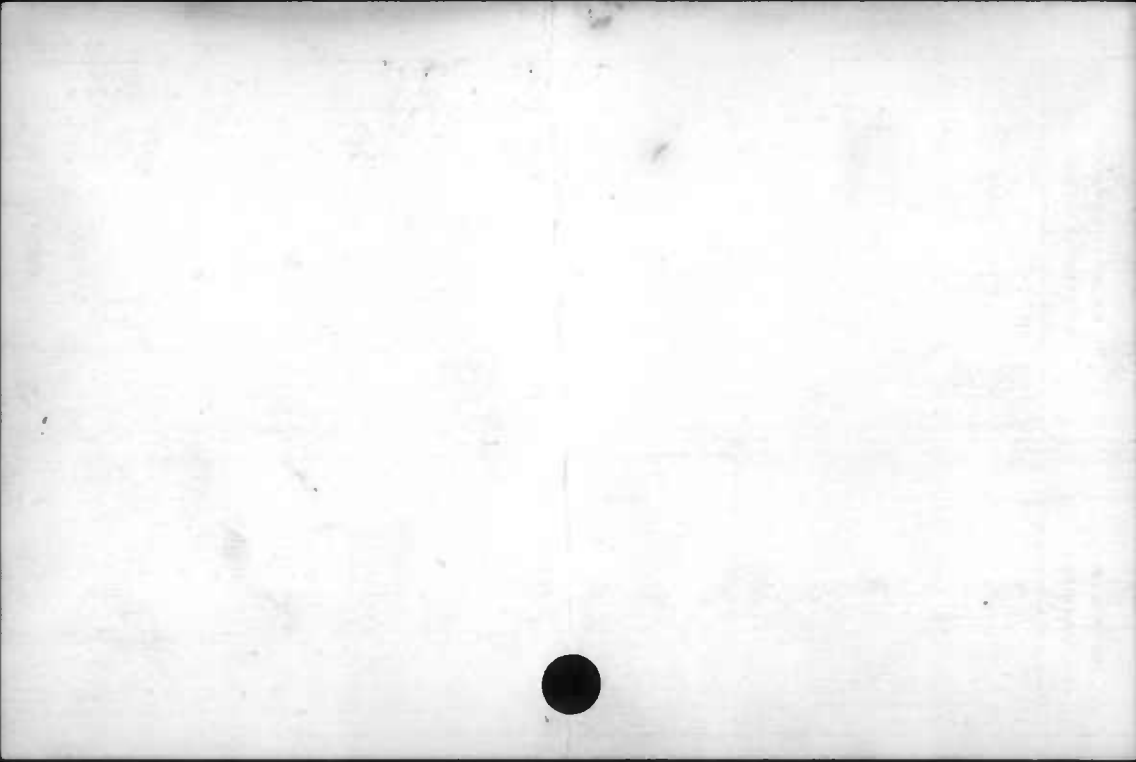
TO BE ANSWERED BY
NEAREST FRIEND

Howard Gilpen Shoff		Town		County		MARYLAND	
Died at Rowland-Ville		Cecil					
Date of death 1909		Month Jan.		Day 25		Age 13	
		Month		Year		Months 10	
		Days 28					
Sex Male		Color or Race White		Birth-place Glen Cove		Harford Co. Md.	
Occupation School		Where Residing if not at place of death		at-home			
Married, Single or Widowed Single		Name of Wife or Husband		None			
Father's Name Henry C. Shoff		Father's Birthplace		Shurea Landing		Md.	
Mother's Maiden Name Lucinda A. Shoff		Mother's Birthplace		York Co.		Penn.	
Name of person giving Information Harry J. Shoff		How related to deceased		uncle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bright's disease Acute		How long 3 weeks	
Immediate Paralysis of Heart		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. M. Ragaw M.D.	
		Address Conowingo Md.	
Accident or Suicide			



Name
in
Full

Still Born Infant Simpers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mer Canton town</i> ^{Town}		<i>Leecif</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Leolaert Simpers</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Wilhelmina Floyd</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>6 Simpers</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>2</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Corried md</i>	
	Address <i>Cherry Hill, md</i>	
Accident or Suicide?		

222



Name
in
Full

Mary Simpser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Courtstown</i> Town		<i>Leecis</i> County		MARYLAND		
Date of death <i>1909</i>	Month <i>1</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>ms</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Colbert Simpser</i>		Father's Birthplace <i>ms</i>				
Mother's Maiden Name <i>Wilhelmina Lloyd</i>		Mother's Birthplace <i>ms</i>				
Name of person giving information <i>he Simpser</i>		How related to deceased <i>Father</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Prematurity</i>	How long <i>24 hrs.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. P. Carries md.</i>
	Address <i>Cherry Hill</i>
	<i>ms</i>
Accident or Suicide?	

223

Name
in
Full

Clara Viola Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Charleston Town Cerie County

Date of death 1909 Month Jan Day 14 Age 0 Years 0 Months 6 Days 12

Sex Female Color or Race White Birthplace Charleston

Occupation - baby Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband Unmarried

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name Clara E. Smith Mother's Birthplace Charleston

Name of person giving information Annie Smith How related to deceased Grandmother

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Annie Gortlieb How long 3 days

Immediate Connerlin How long _____

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. G. Cantwell

Address North East,
Maryland.

Accident or Suicide? _____



Name
in
Full

Alexander Jowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Elkton County Becil **MARYLAND**

Died at Elkton Becil

Date of death 1909 1 Month 24 Day 56 Years 56 Months Days

Sex Male Color or Race White Birth-place Ind

Occupation Barber Where Residing if not at place of death

Married, ~~Single~~ Widowed Name of Wife or Husband Hollie Jowers

Father's Name John Jowers Father's Birthplace Pa.

Mother's Maiden Name No Information Mother's Birthplace Ind

Name of person giving Information Mary McCrean How related to deceased None

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

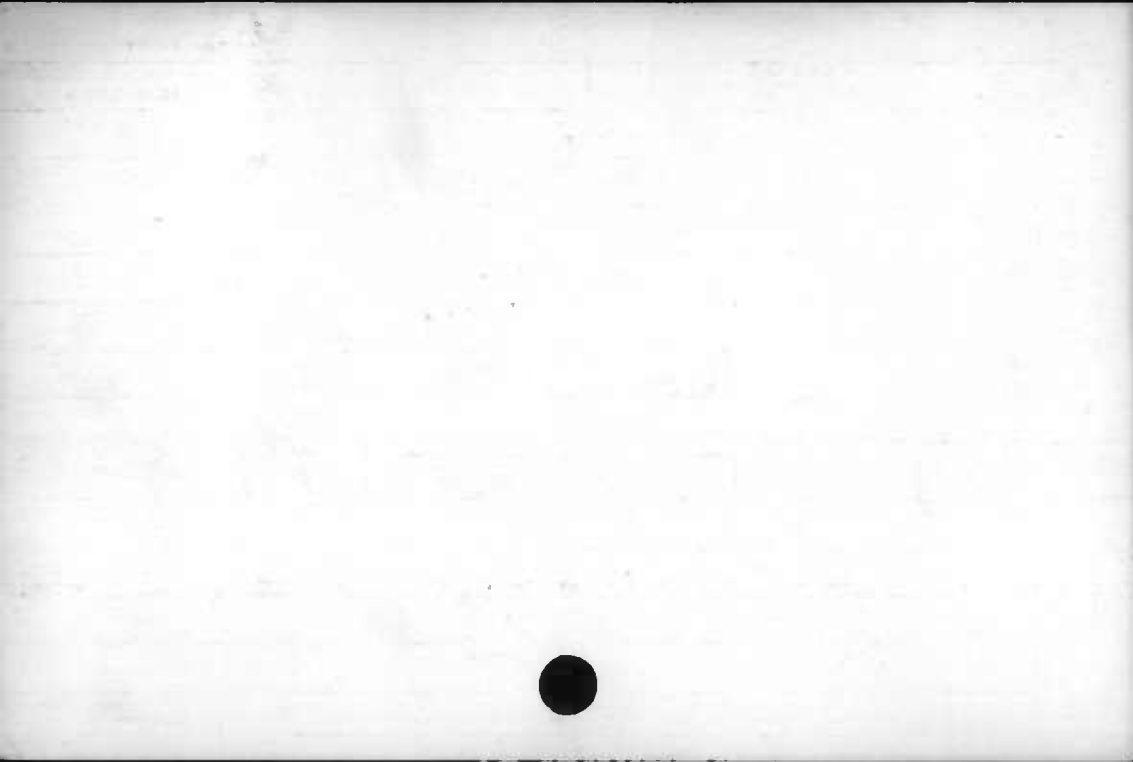
Primary Pneumonia (Croup) How long 6 days

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. Arthur Mitchell MD

Address Elkton Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blue Ball</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Jan</i> ^{Month}	<i>31</i> ^{Day}	Age <i>35</i> ^{Years}	<i>7</i> ^{Months}	^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Daniel Starr</i>				
Father's Name <i>Elis Chilesen</i>	Father's Birthplace <i>do not know</i>				
Mother's Maiden Name <i>Sarah Worting</i>	Mother's Birthplace <i>Pennia</i>				
Name of person giving information <i>Daniel Starr</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	<i>5 days</i>
Immediate <i>Pneumonia</i>	<i>30 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D L Gifford</i>
	Address <i>Grove Md</i>
Accident or Suicide?	

226

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Williams

Town *North East* County *Cecil* MARYLAND

Died at *North East* *Cecil*

Date of death 1909 *Jan* *2* Age *2* Months *2* Days *2*

Sex *female* Color or Race *White* Birth-place *North East*

Occupation _____ Where Residing if not at place of death _____

Married, Single _____ or Widowed _____ Name of Wife or Husband _____

Father's Name *C. Williams* Father's Birthplace *Greenbank*

Mother's Maiden Name *Mrs. Brickley* Mother's Birthplace *Farmington*

Name of person giving Information *C. Williams* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *2*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. F. Hamuck* Address *North East Md*

Accident or Suicide _____

Evergreen